LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
THIS SPACE POR ORDICE USE ONLY

G6 FEB -9 PM 4:47 SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

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Δ *		communent busine			Date	propared		Period covered			
HIM	e t.	Twead	۲					month ending			
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<u> </u>	10047,	<u> </u>	1730000	07				01 31 06			
Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.											
Reimburson	egory of Ex d Personal Livi	ng and Travel	* Total Amount for	Proportionase Item 3, at bot		nounts contributed by each employer (Identity employers, under on all page.)					
Expenses Pertaining to Lobbying Activity De Not Have to be Reported			All Employers	Employer	No. 1	Imployer No. 2	Employer	No. 3 Employer No. 4			
Entertainment Food and Refreshment			s 169.76	\$	s		s	s			
Living Accommodations					_						
Advertising			0								
Travel					_						
Telephone											
Other E	xpenses or	Services									
		Total	s	s	\$		s	s			
w.Z	hen the num	ber of employers	vou are reporting for reoni	res multiple L-3	forms to be fi	led a total amount fo	r all employers	should be entered on Page 1.			
Item			iture of more than fifty								
_2	Date		Place					Public Officials in Group			
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	Commiss of	attached page(z)	<u> </u>		Item	T					
		INST	RUCTIONS		3	3 Employer(s) Name(s) and Address(cs)					
					┨""	No.1 Bristol-Myers Squibb Co.					
Who	should fik	this form: A	ny lobbyist registered u	nder Section	No.1	(address above)					
67-6617 Idaho Code.						447218	2 1111	NC)			
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month,						No.2					
TOE	BE FILED Y	יייייינוני									
""	ا فسينيد . ت	В	en Ysursa		No.3	No.3					
ĺ		PO	etary of State Box 83720								
	Tht		ID 83720-0080 2852 Fax: (208) 334-2	200	No.4						
				'JE'J							

Item 4	personal property to my Legislator, or for or on behalf of my legislator.										
Item	J\A	Date Amount Amount bject master of proposed legisla		tion, the number of the Senste		Name of Logishaur Receiving	UBJECT IDENTIFICATION				
(from	the Lo	BIII, Re	an emblocated on o	Appropriation Bill Number	01 02 03 04 05 06 07 10 11 12 13 14 15 16	minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal	Code 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Subject Health service, medicine, drugs and committed substances, health insurance, heaptains Higher education Housing, construction, codes Insurance (excluding health insurance) Labot, salaries and wages, collective herganing Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public essistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
				above is a true, complete and a 67-6624 Idahe Cede.							
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